### Case 17-35908 Doc 1 Filed 12/01/17 Entered 12/01/17 14:43:02 Desc Main Document Page 1 of 50

| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | ☐ Chapter 7                     |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | Chapter 13                      | Check if this an amended filing |

#### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1:   | Identify Yourself  |  |   |  |
|-----|---|--|--|---|--|
|     |   |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):                     |  |
| 1.  | You   | r full name  |  |   |  |
|     | your<br>pictu<br>exar<br>licer<br>Bring<br>iden | e the name that is on a government-issued ure identification (for apple, your driver's use or passport).  g your picture tification to your ting with the trustee. | Karen First name  R. Middle name  Jinks-Scott Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |  |
| 2.  | use<br>Inclu                                    | other names you have<br>d in the last 8 years<br>ade your married or<br>den names.   | Karen R. Jinks   |   |  |
| 3.  | you<br>num<br>Indi                              | y the last 4 digits of<br>r Social Security<br>ber or federal<br>vidual Taxpayer<br>tification number  | xxx-xx-3307  |   |  |

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Case number (if known)

Debtor 1 Karen R. Jinks-Scott

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|---|---|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |
|    |   | EINs  | EINs   |
| 5. | Where you live  |   | If Debtor 2 lives at a different address:  |
|    |   | 6941 S. Racine Ave.<br>Apt. 2<br>Chicago, IL 60636  |  |
|    |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|    |   | Cook  |  |
|    |   | County  | County   |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for  | Check one:  | Check one:   |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |
|    |   |   |  |

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Case number (if known) Debtor 1 Karen R. Jinks-Scott

| 7.  | The chapter of the Bankruptcy Code you are   | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.   □ Chapter 7 |                |                                   |  |   |  |  |
|-----|--|---|----------------|-----------------------------------|--|---|--|--|
|     | choosing to file under   |   |                |                                   |  |   |  |  |
|     |  | ☐ Chapter 7   |                |                                   |  |   |  |  |
|     |  |   | hapter 12      |                                   |  |   |  |  |
|     |  | _   | ·              |                                   |  |   |  |  |
|     |  | <b>–</b> C  | hapter 13      |                                   |  |   |  |  |
| 8.  | How you will pay the fee   |   | about how yo   | u may pay. Typ<br>attorney is sub | with the clerk's office in your local court for more detail<br>curself, you may pay with cash, cashier's check, or mone<br>alf, your attorney may pay with a credit card or check with |   |  |  |
|     | I need to pay the fee in installments. If you choose this optio The Filing Fee in Installments (Official Form 103A). |   |                |                                   |  | on, sign and attach the Application for Individuals to Pay  |  |  |
|     |  |   | but is not req | uired to, waive                   | your fee, and may do so only if you  | only if you are filing for Chapter 7. By law, a judge may<br>ar income is less than 150% of the official poverty line th<br>installments). If you choose this option, you must fill out |  |  |
|     |  |   |                |                                   |  | ial Form 103B) and file it with your petition.  |  |  |
| ).  | Have you filed for bankruptcy within the   | ■ No  | -              |                                   |  |   |  |  |
|     | last 8 years?  | ☐ Ye  | S.             |                                   |  |   |  |  |
|     |  |   | District       |                                   | <del></del> -  | Case number   |  |  |
|     |  |   | District       | -                                 | When   | Case number   |  |  |
|     |  |   | District       |                                   | When   | Case number   |  |  |
| 10. | Are any bankruptcy cases pending or being  | ■ No  | )              |                                   |  |   |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate?    | □ Ye  | S.             |                                   |  |   |  |  |
|     |  |   | Debtor         |                                   |  | Relationship to you   |  |  |
|     |  |   | District       |                                   | When   | Case number, if known   |  |  |
|     |  |   | Debtor         |                                   |  | Relationship to you   |  |  |
|     |  |   | District       |                                   | When   | Case number, if known   |  |  |
| 11. | Do you rent your residence?  | ■ No  | Go to l        | ne 12.                            |  |   |  |  |
|     |  | □ Ye  | s. Has yo      | ur landlord obta                  | ained an eviction judgment against   | you?  |  |  |
|     |  |   |                | No. Go to line                    | 12.  |   |  |  |
|     |  |   |                |                                   |  |   |  |  |

|          |                      | Document | Page 4 of 50         |    |
|----------|----------------------|----------|----------------------|----|
| Debtor 1 | Karen R. Jinks-Scott |          | Case number (if know | n) |

| Par | t 3: Report About Any Bu  | sinesses `             | You Own  | as a Sole Propriet                                   | for   |  |  |
|-----|---|------------------------|--|--|---|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.                  | Go to  | Part 4.  |   |  |  |
|     |   | ☐ Yes.                 | es. Name and location of business  |  |   |  |  |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                        | Name   | of business, if any                                  |   |  |  |
|     | If you have more than one sole proprietorship, use a  |                        | Numb   | er, Street, City, Stat                               | e & ZIP Code  |  |  |
|     | separate sheet and attach it to this petition.  |                        | Checi  | Check the appropriate box to describe your business: |   |  |  |
|     | ·   |                        |  |  | ness (as defined in 11 U.S.C. § 101(27A))   |  |  |
|     |   |                        |  | Single Asset Real                                    | Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |
|     |   |                        |  | Stockbroker (as d                                    | efined in 11 U.S.C. § 101(53A))   |  |  |
|     |   |                        |  | Commodity Broke                                      | r (as defined in 11 U.S.C. § 101(6))  |  |  |
|     |   |                        |  | None of the above                                    |   |  |  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines<br>operation | f you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate leadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of perations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B). |  |   |  |  |
|     | For a definition of small   | No.                    | I am r   | not filing under Chap                                | ter 11.   |  |  |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                  | I am f<br>Code   |  | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |  |  |
|     |   | ☐ Yes.                 | I am f   | iling under Chapter                                  | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |
| Dow | Donort if You Own or  | Have Any               | Uomorda  | una Dramantiv au Am                                  | V Duemants: That blacks Immediate Attention   |  |  |
| Par |   |                        | паzагос  | ous Property or Any                                  | y Property That Needs Immediate Attention   |  |  |
| 14. | Do you own or have any property that poses or is  | No.                    |  |  |   |  |  |
|     | alleged to pose a threat of imminent and identifiable hazard to   | ☐ Yes.                 | What is  | the hazard?  |   |  |  |
|     | public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?  |                        |  | liate attention is<br>why is it needed?              |   |  |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                        | Where is   | s the property?                                      | Number, Street, City, State & Zip Code  |  |  |
|     |   |                        |  |  | Hambor, Groot, Oity, Grato a Zip Godo   |  |  |

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Debtor 1 Karen R. Jinks-Scott

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of                                |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb  | tor 1  | Karen R. Jinks-Sc                       | ott   | Document  | Page 6 of 50 Case number  | er (if known)   |
|------|--|---|---|---|---|---|
| Pari | t 6: /   | Answer These Questi                     | ons for Repo                                      | rting Purposes  |   |   |
|      |  | kind of debts do                        | 16a. Ard  |   |   | ined in 11 U.S.C. § 101(8) as "incurred by an   |
|      |  |   | -   | Yes. Go to line 17.   |   |   |
|      |  |   |   |   | s debts? Business debts are debts tor through the operation of the bus        | •   |
|      |  |   |   | No. Go to line 16c.   |   |   |
|      |  |   | _   | Yes. Go to line 17.   |   | aa dabta  |
|      |  |   | 16c. Sta  | ite the type of debts you owe tha   | t are not consumer debts or busines   | ss dedts  |
| 17.  | Are ye   | ou filing under<br>ter 7?               | ■ No. I a   | m not filing under Chapter 7. Go  | to line 18.   |   |
|      | Do you estimate that after any exempt property is excluded and |   |   | estimate that after any exempt prop<br>to distribute to unsecured creditors | perty is excluded and administrative expenses ?                               |   |
|      |  | nistrative expenses aid that funds will |   | No  |   |   |
|      | be available for distribution to unsecured creditors?          |   | Yes   |   |   |   |
| 18.  | How many Creditors do you estimate that you owe?               | <b>1</b> -49                            |   | ☐ 1,000-5,000   | ☐ 25,001-50,000   |   |
|      |  | ☐ 50-99<br>☐ 100-199<br>☐ 200-999       |   | □ 5001-10,000<br>□ 10,001-25,000  | ☐ 50,001-100,000<br>☐ More than100,000  |   |
| 19.  |  | much do you<br>ate your assets to       | □ \$0 - \$50,0                                    |   | □ \$1,000,001 - \$10 million  | \$500,000,001 - \$1 billion   |
|      | be wo  |   | □ \$50,001 - \$100,000<br>■ \$100,001 - \$500,000 |   | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million                  | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                   |
|      |  |   | □ \$500,001                                       |   | □ \$100,000,001 - \$500 million   | ☐ More than \$50 billion  |
| 20.  |  | much do you<br>ate your liabilities     | □ \$0 - \$50,0                                    |   | □ \$1,000,001 - \$10 million  | \$500,000,001 - \$1 billion   |
|      | to be  | <u> </u>                                | □ \$50,001 - \$100,000<br>■ \$100,001 - \$500,000 |   | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million                  | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion                      |
|      |  |   | □ \$500,001                                       | - \$1 million   | □ \$100,000,001 - \$500 million   | ☐ More than \$50 billion  |
| Part | t 7: S   | Sign Below                              |   |   |   |   |
| For  | you  |   | I have exami                                      | ned this petition, and I declare ur   | nder penalty of perjury that the infor  | mation provided is true and correct.  |
|      |  |   |   |   | aware that I may proceed, if eligible<br>ailable under each chapter, and I cl | , under Chapter 7, 11,12, or 13 of title 11, hoose to proceed under Chapter 7.          |
|      |  |   |   |   | or agree to pay someone who is not e required by 11 U.S.C. § 342(b).          | ot an attorney to help me fill out this   |
|      |  |   | I request relie                                   | of in accordance with the chapter   | of title 11, United States Code, spe  | ecified in this petition.   |
|      |  |   | bankruptcy c<br>and 3571.                         | ase can result in fines up to \$250   |   | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, |
|      |  |   | Karen R. Ji<br>Signature of                       |   | Signature of Debto  | or 2  |
|      |  |   | Executed on                                       | December 1, 2017  | Executed on   | A / DD / VVVV   |
|      |  |   |   | וזוז / טט / וווווו  | IVIIV   | // DD / YYYY  |

Debtor 1 Karen R. Jinks-Scott Page 7 of 50

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Veronic            | ca D. Joyner, Esq.      | Date          | December 1, 2017             |
|------------------------|-------------------------|---------------|------------------------------|
| Signature of           | Attorney for Debtor     |               | MM / DD / YYYY               |
| Veronica I             | D. Joyner, Esq. 6239246 |               |                              |
| Joyner La              | w Office, Inc.          |               |                              |
| Firm name              |                         |               |                              |
| 120 South<br>Suite 200 | Sate Street             |               |                              |
| Chicago, I             | L 60603                 |               |                              |
| Number, Street,        | City, State & ZIP Code  |               |                              |
| Contact phone          | 312-332-9001            | Email address | vdjoyner@joynerlawoffice.com |
| 6239246                |                         |               |                              |
| Bar number & St        | tata                    |               |                              |

| Debtor 1           | Karen R. Jinks-Se        | cott              |             |  |
|--------------------|--------------------------|-------------------|-------------|--|
|                    | First Name               | Middle Name       | Last Name   |  |
| Debtor 2           |                          |                   |             |  |
| Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| Jnited States Ba   | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number        |                          |                   |             |  |
| if known)          |                          |                   |             |  |

Check if this is an amended filing

#### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | Your a      | ssets<br>of what you own |
|-----|--|-------------|--------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 120,000.00               |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 38,405.00                |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 158,405.00               |
| Pai | t 2: Summarize Your Liabilities  |             |                          |
|     |  |             | abilities<br>t you owe   |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 210,534.00               |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$          | 0.00                     |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 1,941.00                 |
|     | Your total liabilities   | \$          | 212,475.00               |
| Paı | t 3: Summarize Your Income and Expenses  |             |                          |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 3,914.67                 |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 2,899.00                 |
| Paı | t 4: Answer These Questions for Administrative and Statistical Records   |             |                          |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | r other sch | nedules.                 |
|     | ■ Yes  |             |                          |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_3,487.00

One Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total claim |      |
|--|-------------|------|
| From Fart 4 on Schedule E/F, copy the following.   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

|                      | С   | ase 17-35908   | Doc 1                                | Filed 12/01/17<br>Document   | Entered 12/01/17<br>Page 10 of 50  | 7 14:43:02                        | Desc                        | Main  |
|----------------------|---|--|--------------------------------------|--|--|-----------------------------------|-----------------------------|---|
| FIII                 | in this info                                | rmation to identify y                                    | our case and t                       |  |  |                                   |                             |   |
| Deb                  | otor 1                                      | Karen R. Jinks   |                                      | le Name  | Last Name  |                                   |                             |   |
|                      | otor 2<br>use, if filing)                   | First Name   | Midd                                 | le Name  | Last Name  |                                   |                             |   |
| Unit                 | ted States B                                | ankruptcy Court for th                                   | e: NORTHE                            | RN DISTRICT OF ILLIN   | NOIS   |                                   |                             |   |
| Cas                  | se number                                   |  |                                      |  | -  |                                   |                             | Check if this is an amended filing                              |
| Sc                   | chedu                                       | orm 106A/B<br>le A/B: Pro                                |                                      |  |  |                                   |                             | 12/15   |
| nink<br>nfori<br>nsw | it fits best.<br>mation. If mover every que | Be as complete and ac<br>ore space is needed, attestion. | curate as possik<br>ach a separate s | ole. If two married people   | en asset fits in more than one of<br>e are filing together, both are e<br>e top of any additional pages, v | qually responsible                | e for supply                | ring correct  |
| _                    | No. Go to Pa                                | is the property?   |                                      |  |  |                                   |                             |   |
| 1.1                  | Apt. 2                                      | Racine Ave. s, if available, or other descri             | ption                                | What is the property  ☐ Single-family h ☐ Duplex or mult ☐ Condominium | nome<br>ti-unit building   | the amount of any                 | secured cla                 | or exemptions. Put<br>ims on Schedule D:<br>ecured by Property. |
|                      | Chicago                                     | <b>IL</b><br>State                                       | 60636-0000<br>ZIP Code               | Manufactured Land Investment pro                                       | or mobile home   | Current value of entire property? | po                          | urrent value of the ortion you own?                             |
|                      |   | Cuto   | 0000                                 | ☐ Timeshare ☐ Other  | in the property? Check one   | Describe the nati                 | ure of your<br>ole, tenancy | ownership interest<br>by the entireties, or                     |
|                      | County                                      |  |                                      |  | the debtors and another ou wish to add about this item   | Check if this (see instruction    |                             | nity property   |
|                      |   |  |                                      |  | ed in 2/2015 for \$183K -  | mtg delinque                      | nt                          |   |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$120,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| Deb        | tor 1                     | Case 17-35908<br>Karen R. Jinks-Scott  |                               | Filed 12/01/17<br>Document                | Entered 12/01/<br>Page 11 of 50 | /17 14:43:02 D                           | Desc Main   |
|------------|---------------------------|--|-------------------------------|---|---------------------------------|--|---|
| 3 C:       | _                         | s, trucks, tractors, sport   |                               | es motorcycles                            |                                 |  |   |
|            |                           | ,,,,,,,  |                               | ,   |                                 |  |   |
|            | No                        |  |                               |   |                                 |  |   |
|            | Yes                       |  |                               |   |                                 |  |   |
| 3.1        | Make:                     | Honda<br>Civic   |                               | /ho has an interest in th                 | e property? Check one           | the amount of any sec                    | d claims or exemptions. Put<br>tured claims on Schedule D:<br>Claims Secured by Property. |
|            | Model:<br>Year:           | 2012   |                               | Debtor 1 only Debtor 2 only               |                                 |  |   |
|            |                           |  |                               | Debtor 1 and Debtor 2 of                  | only                            | Current value of the<br>entire property? | Current value of the<br>portion you own?  |
|            | Other i                   | nformation:  |                               | At least one of the debte                 | ors and another                 |  |   |
|            |                           |  |                               | _   |                                 | \$10,000.00                              | \$10,000.00   |
|            |                           |  | L                             | Check if this is comme (see instructions) | unity property                  | φ10,000.00                               | \$10,000.00   |
| 5 <b>A</b> |                           | dollar value of the portio<br>u have attached for Part                       |                               |   |                                 |  | \$10,000.00   |
|            |                           | ribe Your Personal and Ho<br>or have any legal or equ                        |                               | st in any of the follow                   | ing items?                      |  | Current value of the portion you own? Do not deduct secured claims or exemptions.         |
| Е          | ousehol<br>Examples<br>No | d goods and furnishings<br>: Major appliances, furnitu                       | <b>s</b><br>ure, linens, chir | na, kitchenware                           |                                 |  | ·   |
|            | Yes. D                    | escribe  |                               |   |                                 |  |   |
|            |                           | 4 Poom   | ns of Furnitu                 | ro no lion                                |                                 |  | \$1,000.00  |
|            |                           | 4 KOOIII   | is of Fuffillu                | ire - no nen                              |                                 |  | φ1,000.00   |
| E          | No                        |  |                               |   | oment; computers, printer       | s, scanners; music colle                 | ctions; electronic devices  |
| E          | xamples                   | es of value<br>: Antiques and figurines; p<br>other collections, memo        |                               |   | oks, pictures, or other art     | objects; stamp, coin, or                 | baseball card collections;  |
|            | No<br>Yes. D              | escribe  |                               |   |                                 |  |   |
| E          | xamples                   | at for sports and hobbies<br>Sports, photographic, ex<br>musical instruments |                               | her hobby equipment;                      | bicycles, pool tables, golf     | clubs, skis; canoes and                  | kayaks; carpentry tools;  |
| _          | No<br>Yes. D              | escribe  |                               |   |                                 |  |   |
| _          |                           | s: Pistols, rifles, shotguns   | s, ammunition,                | and related equipmen                      | t                               |  |   |
|            | No<br>Yes D               | escribe  |                               |   |                                 |  |   |

Official Form 106A/B Schedule A/B: Property page 2

Document Page 12 of 50 Case number (if known) Debtor 1 Karen R. Jinks-Scott 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe..... Clothing \$1,500.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,500.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No \$5.00 Cash Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: Yes..... **Chase Bank** Checking & Chicago, IL \$900.00 **Savings Account** 17.1. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No

Schedule A/B: Property

Official Form 106A/B

Case 17-35908

Doc 1

Filed 12/01/17

Entered 12/01/17 14:43:02

Desc Main

|             |                         | Case 17-35   | 908       | Doc 1               | Filed 12/01/17<br>Document                              | Entered 12/01/17 14:43:02<br>Page 13 of 50   | Desc Main  |
|-------------|-------------------------|--|-----------|---------------------|---|--|--|
| De          | ebtor 1                 | Karen R. Jinks-  | -Scott    |                     |   | Case number (if known)   |  |
|             | ☐ Yes. (                | Give specific informa  |           | out them<br>r name: |   |  |  |
|             |                         | nent or pension ac<br>les: Interests in IRA                        |           | , Keogh, 40         | 1(k), 403(b), thrift saving                             | s accounts, or other pension or profit-sharing                                       | plans  |
|             | _ :::                   | List each account se   | eparatel  | y.                  |   |  |  |
|             |                         |  | Type of   | account:            | Institution i   | name:  |  |
|             |                         |  | 403(b)    |                     | _403(b)   |  | \$25,000.00  |
| 22.         | Your sl<br>Examp        | y deposits and pre<br>hare of all unused do<br>les: Agreements wit | eposits   | you have ma         | ade so that you may con<br>rent, public utilities (ele  | tinue service or use from a company<br>ctric, gas, water), telecommunications compan | ies, or others   |
|             | ■ No<br>□ Yes           |  |           |                     | Institution i   | name or individual:  |  |
| 23.         | Annuiti                 | es (A contract for a   | periodio  | c payment of        | money to you, either fo                                 | r life or for a number of years)   |  |
|             | ■ No                    | (Freemanner)   | ponoun    | , pay               | mency to you, chick to                                  |  |  |
|             | ☐ Yes                   | lssue  | er name   | and descript        | ion.  |  |  |
| 24.         | 26 U.S.0                | s in an education I<br>C. §§ 530(b)(1), 529                        |           |                     |   | ogram, or under a qualified state tuition pro  | gram.  |
|             | ■ No<br>□ Yes           | Institu  | ution na  | me and desc         | cription. Separately file t                             | ne records of any interests.11 U.S.C. § 521(c):                                      |  |
| 25.         | Trusts,                 | equitable or future  | e intere  | sts in prope        | erty (other than anythir                                | ng listed in line 1), and rights or powers exe                                       | rcisable for your benefit  |
|             | ■ No                    | Circa an anific informa  |           |                     |   |  |  |
|             |                         | Give specific inform   |           |                     |   |  |  |
| 26.         |                         |  |           |                     | ets, and other intellector<br>proceeds from royalties a | ual property and licensing agreements  |  |
|             | _                       | Give specific inform   | nation al | oout them           |   |  |  |
| 27.         |                         | es, franchises, and<br>les: Building permits                       |           |                     |   | n holdings, liquor licenses, professional licens                                     | es   |
|             | ■ No                    | 0  |           |                     |   |  |  |
|             |                         | Give specific inform   |           | oout them           |   |  |  |
| Mo          | oney or p               | property owed to y   | ou?       |                     |   |  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 28.         | Tax ref                 | unds owed to you   |           |                     |   |  |  |
|             | ■ No                    | -  |           |                     |   |  |  |
|             | ☐ Yes. (                | Give specific information  | ation ab  | out them, in        | cluding whether you alre                                | eady filed the returns and the tax years   |  |
|             |                         |  |           |                     |   |  |  |
| 29.         | Family<br>Examp<br>■ No |  | np sum a  | alimony, spo        | usal support, child supp                                | ort, maintenance, divorce settlement, property                                       | settlement   |
|             | ☐ Yes. (                | Give specific informa  | ation     |                     |   |  |  |
| 30          | Other                   | imounte comoone  | OWAS !!   | OU.                 |   |  |  |
| <b>3</b> ∪. |                         | mounts someone<br>des: Unpaid wages,<br>benefits; unpaid           | disabilit | y insurance         |   | efits, sick pay, vacation pay, workers' comper                                       | nsation, Social Security   |
|             | ■ No                    | Cive en said - 1-f-  |           |                     |   |  |  |
|             | ∟ res.                  | Give specific inform   | เสแบท     |                     |   |  |  |

Official Form 106A/B Schedule A/B: Property page 4

| Dobtor                   | Case 17-35908   | Doc 1                            | Filed 12/01/17<br>Document                | Page 14 of 50  | Desc Main                  |
|--------------------------|---|----------------------------------|---|--|----------------------------|
| Debtor                   | 1 Karen R. Jinks-Scot   |                                  |   | Case number (if known)                                 |                            |
|                          |   | fe insurance; l                  | health savings account (                  | HSA); credit, homeowner's, or renter's insurar         | nce                        |
| ■ Y                      | es. Name the insurance comp<br>Con                                  | any of each p<br>npany name:     | olicy and list its value.                 | Beneficiary:   | Surrender or refund value: |
|                          |   |                                  | - Whole Life & Term<br>with no cash value | Life   | \$0.00                     |
| If y<br>so<br>■ N        | meone has died.   | ng trust, expe                   |   | ed<br>surance policy, or are currently entitled to rec | eive property because      |
| 33. <b>Cla</b> <i>Ex</i> | ims against third parties, what amples: Accidents, employme         | nether or not<br>nt disputes, in |   | it or made a demand for payment<br>s to sue            |                            |
| ■ N                      | =   |                                  | ·   | g counterclaims of the debtor and rights to            | set off claims             |
| ■ N                      | lo  'es. Give specific information.                                 |                                  |   |  |                            |
|                          | dd the dollar value of all of y<br>or Part 4. Write that number h   |                                  |   | ny entries for pages you have attached                 | \$25,905.00                |
| Part 5:                  | Describe Any Business-Relate  | d Property You                   | Own or Have an Interest                   | In. List any real estate in Part 1.                    |                            |
| 37. <b>Do y</b>          | orou own or have any legal or equo. Go to Part 6.                   |                                  |   |  |                            |
| Part 6:                  | Describe Any Farm- and Comm<br>If you own or have an interest in    |                                  |   | n or Have an Interest In.                              |                            |
| <b>=</b>                 | you own or have any legal on No. Go to Part 7.  Yes. Go to line 47. | r equitable ir                   | nterest in any farm- or o                 | commercial fishing-related property?                   |                            |
| Part 7:                  | Describe All Property You   | Own or Have a                    | an Interest in That You Did               | d Not List Above                                       |                            |
|                          | you have other property of a mples: Season tickets, count           |                                  |   |  |                            |
| _ `                      | es. Give specific information                                       |                                  |   |  |                            |
| 54. <b>A</b>             | dd the dollar value of all of y                                     | our entries fi                   | rom Part 7. Write that n                  | number here  | \$0.00                     |

Official Form 106A/B Schedule A/B: Property page 5

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Case number (if known) Document Debtor 1 Karen R. Jinks-Scott

|  |                                   | · /   |                                   |
|--|-----------------------------------|---|-----------------------------------|
| 8: List the Totals of Each Part of this Form                 |                                   |   |                                   |
| Part 1: Total real estate, line 2                            |                                   |   | \$120,000.00                      |
| Part 2: Total vehicles, line 5                               | \$10,000.00                       |   |                                   |
| Part 3: Total personal and household items, line 15          | \$2,500.00                        |   |                                   |
| Part 4: Total financial assets, line 36                      | \$25,905.00                       |   |                                   |
| Part 5: Total business-related property, line 45             | \$0.00                            |   |                                   |
| Part 6: Total farm- and fishing-related property, line 52    | \$0.00                            |   |                                   |
| Part 7: Total other property not listed, line 54 +           | \$0.00                            |   |                                   |
| Total personal property. Add lines 56 through 61             | \$38,405.00                       | Copy personal property total  | \$38,405.00                       |
| Total of all property on Schedule A/B. Add line 55 + line 62 |                                   |   | \$158,405.00                      |
|  | Part 1: Total real estate, line 2 | Part 1: Total real estate, line 2  Part 2: Total vehicles, line 5  Part 3: Total personal and household items, line 15  Part 4: Total financial assets, line 36  Part 5: Total business-related property, line 45  Part 6: Total farm- and fishing-related property, line 52  Part 7: Total other property not listed, line 54  Total personal property. Add lines 56 through 61  \$38,405.00 | Part 1: Total real estate, line 2 |

Official Form 106A/B Schedule A/B: Property page 6

|                     |                          |                   | $\frac{1}{1}$ |  |
|---------------------|--------------------------|-------------------|---------------|--|
| Fill in this infor  | mation to identify your  | case:             |               |  |
| Debtor 1            | Karen R. Jinks-S         | cott              |               |  |
|                     | First Name               | Middle Name       | Last Name     |  |
| Debtor 2            |                          |                   |               |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name     |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS   |  |
| Case number         |                          |                   |               |  |
| (if known)          |                          |                   |               |  |
|                     |                          |                   |               |  |

#### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the | Property You | Claim as | Exempt |
|---------|--------------|--------------|----------|--------|
|---------|--------------|--------------|----------|--------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property  | portion you own  Copy the value from Schedule A/B  Amount of the exemption you claim  Check only one box for each exemption. |  |   | Specific laws that allow exemption |  |
|--|--|--|---|------------------------------------|--|
|  |  |  |   |                                    |  |
| 6941 S. Racine Ave. Apt. 2 Chicago, IL 60636 Cook County                                   | \$120,000.00   |  | \$15,000.00   | 735 ILCS 5/12-901                  |  |
| 2-Flat - Purchased in 2/2015 for<br>\$183K - mtg delinquent<br>Line from Schedule A/B: 1.1 |  |  | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 2012 Honda Civic 17000 miles Line from Schedule A/B: 3.1                                   | \$10,000.00  |  | \$2,400.00  | 735 ILCS 5/12-1001(c)              |  |
| Line nom Schedule A/B. 3.1   |  |  | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 4 Rooms of Furniture - no lien Line from Schedule A/B: 6.1                                 | \$1,000.00   |  | \$1,000.00  | 735 ILCS 5/12-1001(b)              |  |
| Life Holli Schedule A.B. V.1   |  |  | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Clothing Line from Schedule A/B: 11.1  | \$1,500.00   |  | \$1,500.00  | 735 ILCS 5/12-1001(a)              |  |
| Line Holli Schedule Avb. 11.1  |  |  | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Cash Line from Schedule A/B: 16.1  | \$5.00   |  | \$5.00  | 735 ILCS 5/12-1001(b)              |  |
| Line nom <i>Scriedule AVB</i> . <b>10.1</b>  |  |  | 100% of fair market value, up to any applicable statutory limit |                                    |  |

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Case number (if known)

|     | ief description of the property and line on hedule A/B that lists this property  | Current value of the portion you own | Amo      | unt of the exemption you claim                                  | Specific laws that allow exemption |
|-----|--|--------------------------------------|----------|---|------------------------------------|
|     |  | Copy the value from<br>Schedule A/B  | Che      | ck only one box for each exemption.                             |                                    |
|     | necking & Savings Account: Chase   | \$900.00                             |          | \$900.00  | 735 ILCS 5/12-1001(b)              |
| Cł  | nicago, IL<br>ne from <i>Schedule A/B</i> : <b>17.1</b>                          |                                      |          | 100% of fair market value, up to any applicable statutory limit |                                    |
|     | <b>13(b): 403(b)</b> ne from Schedule A/B: <b>21.1</b>                           | \$25,000.00                          |          | \$25,000.00   | 735 ILCS 5/12-1006                 |
| LII | le Hotti Schedule Arb. 21.1  |                                      |          | 100% of fair market value, up to any applicable statutory limit |                                    |
|     | e you claiming a homestead exemption outpet to adjustment on 4/01/19 and every 3 | B years after that for ca            | ases fil | •   | •                                  |
|     | Yes. Did you acquire the property covere  ☐ No                                   | ed by the exemption wi               | ithin 1, | 215 days before you filed this case                             | ?                                  |
|     | <u> </u>   |                                      |          |   |                                    |
|     | ☐ Yes  |                                      |          |   |                                    |

|  |                         | Document   | Page 18         | of 50                                  |                                       |                   |
|--|-------------------------|--|-----------------|--|---------------------------------------|-------------------|
| Fill in this informa                       | ation to identify you   | ır case:   |                 |  |                                       |                   |
| Debtor 1                                   | Karen R. Jinks-         | Scott  |                 |  |                                       |                   |
| Debter 1                                   | First Name              | *****  | Last Name       |  |                                       |                   |
| Debtor 2                                   |                         |  |                 |  |                                       |                   |
| (Spouse if, filing)                        | First Name              | Middle Name  | Last Name       |  |                                       |                   |
| United States Bank                         | cruptcy Court for the:  | NORTHERN DISTRICT OF ILLIN   | IOIS            |  |                                       |                   |
| ormod Otatoo Barn                          | auptoy Court for ano.   |  |                 |  |                                       |                   |
| Case number                                |                         |  |                 |  |                                       |                   |
| (if known)                                 |                         |  |                 |  |                                       | if this is an     |
|  |                         |  |                 |  | amend                                 | led filing        |
| Official Form                              | 10CD                    |  |                 |  |                                       |                   |
| Official Form                              |                         |  |                 |  |                                       |                   |
| Schedule [                                 | D: Creditors            | s Who Have Claims S  | ecured          | by Property                            | y                                     | 12/15             |
| is needed, copy the A                      |                         | If two married people are filing together, out, number the entries, and attach it to |                 |  |                                       |                   |
| number (if known).                         |                         |  |                 |  |                                       |                   |
| •  | ave claims secured by   | , , , ,  |                 |  |                                       |                   |
|  | his box and submit th   | his form to the court with your other so   | chedules. Yo    | u have nothing else t                  | o report on this form.                |                   |
| Yes. Fill in a                             | all of the information  | below.   |                 |  |                                       |                   |
| Part 1: List All                           | Secured Claims          |  |                 |  |                                       |                   |
|  |                         | more than one secured claim, list the credit   | or congrately   | Column A                               | Column B                              | Column C          |
|  |                         | s a particular claim, list the other creditors in                                    |                 | Amount of claim                        | Value of collateral                   | Unsecured         |
| much as possible, list                     | the claims in alphabeti | cal order according to the creditor's name.  |                 | Do not deduct the value of collateral. | that supports this claim              | portion<br>If any |
| 2.1 Flagstar Ba                            | ank                     | Describe the property that secures the   | claim:          | \$195,000.00                           | \$120,000.00                          | \$75,000.00       |
| Creditor's Name                            |                         | 6941 S. Racine Ave. Apt. 2 Ch  | icago,          | · · ·                                  | · · · · · · · · · · · · · · · · · · · | · · · ·           |
|  |                         | IL 60636 Cook County   | 3.7             |  |                                       |                   |
|  |                         | 2-Flat - Purchased in 2/2015 for   | or              |  |                                       |                   |
|  |                         | \$183K - mtg delinquent  |                 |  |                                       |                   |
| 5151 Corpo                                 | rate Drive              | As of the date you file, the claim is: Ch apply.                                     | eck all that    |  |                                       |                   |
| Troy, MI 48                                | 098                     | Contingent   |                 |  |                                       |                   |
| Number, Street, C                          | City, State & Zip Code  | ☐ Unliquidated   |                 |  |                                       |                   |
|  |                         | ☐ Disputed   |                 |  |                                       |                   |
| Who owes the deb                           | t? Check one.           | Nature of lien. Check all that apply.  |                 |  |                                       |                   |
| Debtor 1 only                              |                         | An agreement you made (such as mo  | ortgage or secu | ıred                                   |                                       |                   |
| Debtor 2 only                              |                         | car loan)  |                 |  |                                       |                   |
| Debtor 1 and Deb                           |                         | ☐ Statutory lien (such as tax lien, mecha  | anic's lien)    |  |                                       |                   |
| ☐ At least one of the                      |                         | ☐ Judgment lien from a lawsuit   |                 |  |                                       |                   |
| ☐ Check if this clai                       |                         | Other (including a right to offset)  |                 |  |                                       |                   |
| community debt                             | ı                       |  |                 |  |                                       |                   |
| Date debt was incur                        | red                     | Last 4 digits of account number  | r               |  |                                       |                   |
|  |                         |  |                 |  |                                       |                   |
| 2.2 Honda Fina                             | ance Exchange           | Describe the property that secures the   | claim:          | \$15,534.00                            | \$10,000.00                           | \$5,534.00        |
| Creditor's Name                            |                         | 2012 Honda Civic 17000 miles   | _               |  |                                       |                   |
|  |                         |  |                 |  |                                       |                   |
|  |                         | As of the date you file, the claim is: Ch  | eck all that    |  |                                       |                   |
| P.O. Box 70                                |                         | apply.   | oon all that    |  |                                       |                   |
|  | ia, PA 19176            | Contingent   |                 |  |                                       |                   |
| Number, Street, C                          | City, State & Zip Code  | Unliquidated   |                 |  |                                       |                   |
| Who owes the deb                           | t2 Chark and            | ☐ Disputed  Nature of lien. Check all that apply.                                    |                 |  |                                       |                   |
| _  | LF Check one.           |  |                 | d                                      |                                       |                   |
| Debtor 1 only                              |                         | An agreement you made (such as mo car loan)  | ortgage or secu | irea                                   |                                       |                   |
| Debtor 2 only                              |                         | _  |                 |  |                                       |                   |
| Debtor 1 and Deb                           | =                       | Statutory lien (such as tax lien, mecha  | anic's lien)    |  |                                       |                   |
| ☐ At least one of the ☐ Check if this clai |                         | ☐ Judgment lien from a lawsuit   |                 |  |                                       |                   |
| community debt                             |                         | Other (including a right to offset)  |                 |  |                                       |                   |
| •  |                         |  |                 |  |                                       |                   |
| Date debt was incur                        | red                     | Last 4 digits of account number  | r               |  |                                       |                   |

Official Form 106D

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| Debto              | 1 Karen R. Jinks-Scott                         |  |                                  | Case nun                 | nber (if know)  |                          |
|--------------------|--|--|----------------------------------|--------------------------|---|--------------------------|
|                    | First Name                                     | Middle Name                                | Last Name                        |                          |   |                          |
|                    |  |  |                                  |                          |   |                          |
| Add                | the dollar value of y                          | our entries in Column A on                 | this page. Write that number     | here:                    | \$210,534.00  |                          |
|                    | s is the last page of that number here:        | your form, add the dollar va               | alue totals from all pages.      |                          | \$210,534.00  |                          |
| Part 2             | List Others to                                 | Be Notified for a Debt Th                  | nat You Already Listed           |                          |   |                          |
| trying t<br>than o | to collect from you f<br>ne creditor for any o | or a debt you owe to some                  | one else, list the creditor in P | art 1, and then list the | sted in Part 1. For example, if<br>e collection agency here. Sim<br>o not have additional persons | ilarly, if you have more |
|                    | Name, Number, Stree Johnson, Blum              | et, City, State & Zip Code<br>berg & Assoc |                                  | On which line in P       | art 1 did you enter the creditor?   | 2.1                      |
|                    | 230 W. Monroe                                  | Street                                     |                                  | Last 4 digits of acc     | count number  |                          |
|                    | Suite 1125                                     |  |                                  |                          |   |                          |
|                    | Chicago, IL 606                                | 06   |                                  |                          |   |                          |

|                        | Ca  | ISE 17-35906 L                          |                                     | ned 12/01/17<br>Document                       | Page 20 of 50  | 4.43.02 Des               | SC Main                   |
|------------------------|---|---|-------------------------------------|--|--|---------------------------|---------------------------|
| Fill                   | in this inforr                                      | mation to identify your                 |                                     |  |  |                           |                           |
| Deh                    | otor 1  | Karen R. Jinks-So                       | cott                                |  |  |                           |                           |
| DCL                    | 7.01  | First Name                              | Middle N                            | ame  | Last Name  | _                         |                           |
|                        | otor 2  |   |                                     |  |  |                           |                           |
| (Spo                   | use if, filing)                                     | First Name                              | Middle N                            | ame  | Last Name  |                           |                           |
| Unit                   | ted States Ba                                       | nkruptcy Court for the:                 | NORTHER                             | N DISTRICT OF ILL                              | INOIS  |                           |                           |
| Cas                    | se number   |   |                                     |  |  |                           |                           |
| (if kn                 | _   |   |                                     | _  |  |                           | Check if this is an       |
|                        |   |   |                                     |  |  | a                         | mended filing             |
| ∩ff                    | icial Forn  | n 106E/F                                |                                     |  |  |                           |                           |
|                        |   | :/F: Creditors W                        | lho Havo                            | Uneocurod                                      | Claime   |                           | 12/15                     |
|                        |   |   |                                     |  | Y claims and Part 2 for creditors wit  | h NONDDIODITY alai        |                           |
| Sche<br>eft. /<br>name | edule D: Credit<br>Attach the Cor<br>e and case nur | ors Who Have Claims Sec                 | ured by Proper<br>je. If you have i | ty. If more space is in the information to rep | o not include any creditors with par<br>needed, copy the Part you need, fill<br>port in a Part, do not file that Part. O | it out, number the en     | tries in the boxes on the |
|                        |   | ors have priority unsecure              |                                     |  |  |                           |                           |
|                        | ■ No. Go to P                                       | Part 2                                  | J                                   | •  |  |                           |                           |
|                        | Yes.  | GIT 2.                                  |                                     |  |  |                           |                           |
|                        |   | II of Your NONPRIORIT                   | Y Unsecured                         | Claims   |  |                           |                           |
|                        |   | ors have nonpriority unsec              | cured claims ag                     | gainst you?                                    |  |                           |                           |
|                        | □ No. You ha  | ve nothing to report in this p          | art. Submit this                    | form to the court with                         | vour other schedules.  |                           |                           |
|                        | Yes.  | 3                                       |                                     |  | ,  |                           |                           |
|                        | unsecured clair                                     | m, list the creditor separately         | y for each claim                    | . For each claim listed                        | e creditor who holds each claim. If a , identify what type of claim it is. Do no nave more than three nonpriority unsec  | t list claims already inc | cluded in Part 1. If more |
|                        |   |   |                                     |  |  |                           | Total claim               |
| 4.1                    | AT&T  |   |                                     | Last 4 digits of acc                           | ount number  |                           | \$278.00                  |
|                        | Nonpriority P.O. Bo                                 | y Creditor's Name<br>ox 8100            |                                     | When was the debt                              | incurred?  |                           |                           |
|                        |   | , IL 60507<br>treet City State Zlp Code |                                     | As of the date you                             | file, the claim is: Check all that apply   |                           |                           |
|                        |   | rred the debt? Check one.               |                                     | As of the date you                             | ine, the claim is. Oneon all that apply  |                           |                           |
|                        | ■ Debtor  |   |                                     | ☐ Contingent                                   |  |                           |                           |
|                        | ☐ Debtor  | · 2 only                                |                                     | ☐ Unliquidated                                 |  |                           |                           |
|                        |   | 1 and Debtor 2 only                     |                                     | ☐ Disputed                                     |  |                           |                           |
|                        |   | st one of the debtors and and           | other                               | •  | ITY unsecured claim:   |                           |                           |
|                        | _   | if this claim is for a com              |                                     | ☐ Student loans                                |  |                           |                           |
|                        | debt  | im subject to offset?                   | -                                   | Obligations arisin report as priority claim    | ng out of a separation agreement or div  | vorce that you did not    |                           |
|                        | ■ No  |   |                                     | ☐ Debts to pension                             | or profit-sharing plans, and other simil   | ar debts                  |                           |
|                        | ☐ Yes   |   |                                     | Other. Specify                                 | Utility  |                           |                           |

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Debtor 1 Karen R. Jinks-Scott Case number (if know) 4.2 **Carson Pirie Scott - Comenity** Last 4 digits of account number \$710.00 Nonpriority Creditor's Name P.O. Box 659813 When was the debt incurred? San Antonio, TX 78265 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card Debt ☐ Yes 4.3 ComEd Last 4 digits of account number \$292.00 Nonpriority Creditor's Name P.O. Box 6111 When was the debt incurred? Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Utility Comenity Bank - Comenity - Ashley \$225.00 4.4 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P.O. Box 182789 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card Debt ☐ Yes

| Debtor                    | 1 Karen R.  | Jinks-Scott   | Document Page 2   | 22 of 5<br>Case r | 0<br>number ( | if know)                                |               |                      |  |
|---------------------------|---|---|---|-------------------|---------------|---|---------------|----------------------|--|
| 4.5                       | Home Depo   | ot Credit Services  | Last 4 digits of account number   |                   |               |   |               | \$205.00             |  |
|                           | Nonpriority Cre P.O. Box 69   | ditor's Name<br><b>925</b>  | When was the debt incurred?   |                   |               | _                                       |               | <u> </u>             |  |
|                           | The Lakes,  | NV 88901<br>City State Zlp Code                                       | As of the date you file, the claim  | is: Chack         | all that a    | annly                                   |               |                      |  |
|                           |   | the debt? Check one.  | As of the date you me, the claim  | i is. Officer     | \ all lilal d | арріу                                   |               |                      |  |
|                           | ■ Debtor 1 on   |   | ☐ Contingent  |                   |               |   |               |                      |  |
|                           | Debtor 2 on   | •   | ☐ Unliquidated  |                   |               |   |               |                      |  |
|                           |   | nd Debtor 2 only  | ☐ Disputed  |                   |               |   |               |                      |  |
|                           |   | e of the debtors and another  | Type of NONPRIORITY unsecur   | ed claim:         |               |   |               |                      |  |
|                           |   | is claim is for a community   | ☐ Student loans   |                   |               |   |               |                      |  |
|                           | debt  | is claim is for a community   | ☐ Obligations arising out of a sep  | paration ac       | reement       | or divorce that you o                   | did not       |                      |  |
|                           | Is the claim su   | ubject to offset?   | report as priority claims   |                   | ,             | , |               |                      |  |
|                           | ■ No  |   | Debts to pension or profit-shar   | ing plans,        | and othe      | r similar debts                         |               |                      |  |
|                           | ☐ Yes   |   | Other. Specify Credit Car   | d Debt            |               |   |               |                      |  |
| 4.6                       | Peoples En  |   | Last 4 digits of account number   |                   |               |   |               | \$231.00             |  |
|                           | Nonpriority Cre<br>130 E. Rand<br>Chicago, IL                               | dolph Rd.   | When was the debt incurred?   |                   |               |   |               |                      |  |
|                           |   | City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |                   |               |   |               |                      |  |
|                           | Who incurred  | the debt? Check one.  | -   |                   |               |   |               |                      |  |
| Debtor 1 only             |   |   | ☐ Contingent  |                   |               |   |               |                      |  |
|                           | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                                |   | ☐ Unliquidated  |                   |               |   |               |                      |  |
|                           |   |   | ☐ Disputed  |                   |               |   |               |                      |  |
|                           | ☐ At least one  | e of the debtors and another  | Type of NONPRIORITY unsecur   | ed claim:         |               |   |               |                      |  |
|                           | ☐ Check if th   | is claim is for a community   | <ul> <li>☐ Student loans</li> <li>☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>☐ Debts to pension or profit-sharing plans, and other similar debts</li> </ul> |                   |               |   |               |                      |  |
|                           | debt  | ubject to offset?   |   |                   |               |   |               |                      |  |
|                           | ■ No  |   |   |                   |               |   |               |                      |  |
|                           | ☐ Yes   |   | Other. Specify Utility  |                   |               |   |               |                      |  |
| Part 3:                   | List Other  | s to Be Notified About a Debt   | That You Already Listed   |                   |               |   |               |                      |  |
| 5. Use the is trying have | his page only if<br>ing to collect fro<br>more than one<br>ed for any debts | you have others to be notified ab<br>om you for a debt you owe to som | out your bankruptcy, for a debt that<br>neone else, list the original creditor<br>you listed in Parts 1 or 2, list the add<br>submit this page.   | in Parts 1        | or 2, the     | n list the collection                   | agency here   | e. Similarly, if you |  |
|                           |   |   | s. This information is for statistical  | reporting         | purpose       | es only. 28 U.S.C. §                    | 159. Add the  | amounts for each     |  |
|                           | of unsecured cla  |   |   | roporting         | puipoo        | Total Claim                             | 100.7144 1110 |                      |  |
|                           | 6a.   | Domestic support obligations  |   | 6a.               | \$            | i Otal Olallii                          | 0.00          |                      |  |
|                           | Total   | · -   |   |                   | · —           |   |               |                      |  |
| cl<br>from F              | laims<br>Part 1 6b.   | Taxes and certain other debts y                                       | you owe the government  | 6b.               | \$            |   | 0.00          |                      |  |
|                           | 6c.   | Claims for death or personal in                                       | ·   | 6c.               | \$ —          |   | 0.00          |                      |  |
|                           | 6d.   | Other. Add all other priority unser                                   | cured claims. Write that amount here.   | 6d.               | \$            |   | 0.00          |                      |  |
|                           | 6e.   | Total Priority. Add lines 6a throu                                    | igh 6d.   | 6e.               | \$            |   | 0.00          |                      |  |
|                           |   |   |   |                   |               | Total Claim                             |               |                      |  |
|                           | 6f.   | Student loans   |   | 6f.               | \$            | Total Claim                             | 0.00          |                      |  |

Official Form 106 E/F

Total claims from Part 2

6g.

6h.

Obligations arising out of a separation agreement or divorce that

Debts to pension or profit-sharing plans, and other similar debts

Other. Add all other nonpriority unsecured claims. Write that amount

you did not report as priority claims

6g.

6h.

6i.

0.00

0.00

1,941.00

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Debtor 1 Karen R. Jinks-Scott

6j.

Total Nonpriority. Add lines 6f through 6i.

1,941.00

|   |                          |                   | III FAUC Z4 ULJU |  |
|---|--------------------------|-------------------|------------------|--|
| Fill in this infor                      | rmation to identify your | case:             |                  |  |
| Debtor 1                                | Karen R. Jinks-S         | cott              |                  |  |
|   | First Name               | Middle Name       | Last Name        |  |
| Debtor 2                                |                          |                   |                  |  |
| (Spouse if, filing)                     | First Name               | Middle Name       | Last Name        |  |
| United States Bankruptcy Court for the: |                          | NORTHERN DISTRICT | OF ILLINOIS      |  |
| Case number                             |                          |                   |                  |  |
| (if known)                              |                          |                   |                  |  |
|   |                          |                   |                  |  |

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company wit<br>Name, Numb | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|---------------------------|---|-------------------|---|
| 2.1 |           |                           |   |                   |   |
|     | Name      |                           |   |                   | _                                       |
|     | Number    | Street                    |   |                   |   |
|     | City      |                           | State   | ZIP Code          | <del>-</del>                            |
| 2.2 |           |                           |   |                   |   |
|     | Name      |                           |   |                   |   |
|     | Number    | Street                    |   |                   | _                                       |
|     | City      |                           | State   | ZIP Code          |   |
| 2.3 |           |                           |   |                   |   |
|     | Name      |                           |   |                   | _                                       |
|     | Number    | Street                    |   |                   | _                                       |
|     | City      |                           | State   | ZIP Code          |   |
| 2.4 |           |                           |   |                   |   |
|     | Name      |                           |   |                   | _                                       |
|     | Number    | Street                    |   |                   | _                                       |
|     | City      |                           | State   | ZIP Code          | _                                       |
| 2.5 |           |                           |   |                   |   |
|     | Name      |                           |   |                   | _                                       |
|     | Number    | Street                    |   |                   | _                                       |
|     | City      |                           | State   | ZIP Code          |   |
|     | ,         |                           | <b>-</b>  |                   |   |

|                               |   | Docume                       | ent Page 25 of            | 50   |
|-------------------------------|---|------------------------------|---------------------------|--|
| Fill in this                  | information to identify your  | case:                        |                           |  |
| Debtor 1                      | Karen R. Jinks-Se   | cott                         |                           |  |
|                               | First Name  | Middle Name                  | Last Name                 |  |
| Debtor 2<br>(Spouse if, filin | ng) First Name  | Middle Name                  | Last Name                 |  |
| United Stat                   | tes Bankruptcy Court for the:   | NORTHERN DISTRICT            | Γ OF ILLINOIS             |  |
|                               | , ,   | -                            |                           |  |
| Case numb                     | per   |                              |                           | ☐ Check if this is an amended filing   |
| Official                      | Form 106H   |                              |                           |  |
|                               | ule H: Your Cod   | ehtors                       |                           | 12/15  |
| ocnea                         | dic II. I oui oou   | CDIOIS                       |                           | 12/13  |
|                               | and case number (if known) you have any codebtors? (If                    |                              |                           | s a codebtor.  |
| <b>—</b> 163                  |   |                              |                           |  |
|                               | nin the last 8 years, have you<br>a, California, Idaho, Louisiana,        |                              |                           | ? (Community property states and territories include   |
| Alizoni                       | a, Camornia, Idano, Eduisiana,  | ivevada, ivew iviexico, i v  | derio Nico, Texas, Washin | gion, and wisconsin.)  |
| _                             | Go to line 3.   |                              |                           |  |
| ⊔ Yes                         | . Did your spouse, former spou  | use, or legal equivalent liv | e with you at the time?   |  |
| in line<br>Form out Co        | 2 again as a codebtor only i<br>106D), Schedule E/F (Official<br>Dlumn 2. | f that person is a guarar    | ntor or cosigner. Make s  | f your spouse is filing with you. List the person shown ure you have listed the creditor on Schedule D (Official G). Use Schedule D, Schedule E/F, or Schedule G to fill |
|                               | Column 1: Your codebtor Name, Number, Street, City, State and Z           | P Code                       |                           | Column 2: The creditor to whom you owe the debt Check all schedules that apply:  |
| 3.1                           |   |                              |                           | ☐ Schedule D, line   |
|                               | Name  |                              |                           | ☐ Schedule E/F, line   |
|                               |   |                              |                           | ☐ Schedule G, line   |
| 1                             | Number Street   |                              |                           |  |
| (                             | City  | State                        | ZIP Code                  |  |
| 3.2                           |   |                              |                           | ☐ Schedule D, line   |
|                               | Name  |                              |                           | ☐ Schedule E/F, line   |
|                               |   |                              |                           | ☐ Schedule G, line   |
| 1                             | Number Street   |                              |                           |  |
| (                             | City  | State                        | ZIP Code                  |  |

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| Fill               | in this information to identify                                | vour case:   |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|
|                    | ,  | R. Jinks-Scott   |  |  |  |  |  |
| 1 -                | otor 2   |  |  |  |  |  |  |
| Uni                | ted States Bankruptcy Court                                    | for the: NORTHERN DISTRI   | CT OF ILLINOIS   |  |  |  |  |
|                    | se number<br>lown)   |  | _  |  |  |  |  |
| 0                  | fficial Form 106l  |  |  | MM / DD/ Y                             | YYY  |  |  |
| S                  | chedule I: Your  | Income   |  |  | 12/15  |  |  |
| sup<br>spo<br>atta | plying correct information.<br>use. If you are separated a     | If you are married and not fili<br>nd your spouse is not filing w<br>form. On the top of any addit | ople are filing together (Debtor 1<br>ing jointly, and your spouse is li<br>rith you, do not include informat<br>ional pages, write your name an | ving with you, incluion about your spo | ude information about your<br>buse. If more space is needed, |  |  |
| 1.                 | Fill in your employment information.                           |  | Debtor 1   | Debtor 2                               | or non-filing spouse   |  |  |
|                    | If you have more than one                                      |  | ■ Employed   | ■ Emplo                                | pyed   |  |  |
|                    | attach a separate page with information about additionation    |  | ☐ Not employed   | ☐ Not e                                | ☐ Not employed  Security                                     |  |  |
|                    | employers.   | Occupation   | CNA  | Securit                                |  |  |  |
|                    | Include part-time, seasonal self-employed work.                | l, or<br>Employer's name   | Jackson Park Hospital  | CPS Se                                 | curity   |  |  |
|                    | Occupation may include str<br>or homemaker, if it applies.     |  | Business Office<br>7531 S. Stony Island<br>Chicago, IL 60649   | P.O. Bo<br>Corpus                      | x23037<br>Christi, TX 78403                                  |  |  |
|                    |  | How long employed t  | there? 18 years  | <u>s</u>                               | Start Date 11/16/2017  |  |  |
| Pai                | t 2: Give Details Abo  | ut Monthly Income  |  |  |  |  |  |
|                    | mate monthly income as of use unless you are separated         |  | you have nothing to report for any   | line, write \$0 in the                 | space. Include your non-filing                               |  |  |
|                    | u or your non-filing spouse h<br>e space, attach a separate sl |  | ombine the information for all emp   | loyers for that perso                  | n on the lines below. If you need                            |  |  |
|                    |  |  |  | For Debtor 1                           | For Debtor 2 or non-filing spouse                            |  |  |
| 0                  | List monthly gross wage  | s, salary, and commissions (b  | pefore all payroll   | 2 505 67                               | ¢ 1.800.00   |  |  |

| 2. | deductions). If not paid monthly, calculate what the monthly wage would be. | 2. | \$_  | 2,595.67 | \$   | 1,800.00 |
|----|---|----|------|----------|------|----------|
| 3. | Estimate and list monthly overtime pay.                                     | 3. | +\$_ | 1,107.17 | +\$_ | 0.00     |
| 4. | Calculate gross Income. Add line 2 + line 3.                                | 4. | \$_  | 3,702.84 | \$_  | 1,800.00 |

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| Deb | otor 1                | Karen R. Jinks-Scott   | -        | (         | Case        | e number (if known) |   |               |                |                   |     |
|-----|-----------------------|--|----------|-----------|-------------|---------------------|---|---------------|----------------|-------------------|-----|
|     |                       |  |          |           | Fo          | r Debtor 1          |   | For Debto     |                |                   |     |
|     | Сор                   | y line 4 here  | 4.       |           | \$          | 3,702.84            |   |               | ,800.00        |                   |     |
| 5.  | List                  | all payroll deductions:  |          |           |             |                     |   |               |                |                   |     |
| ٥.  | 5a.                   | Tax, Medicare, and Social Security deductions  | 5a       | 1         | \$          | 650.00              |   | \$            | 0.00           | 1                 |     |
|     | 5b.                   | Mandatory contributions for retirement plans   | 5b       |           | \$<br>-     | 0.00                |   | \$            | 0.00           | _                 |     |
|     | 5c.                   | Voluntary contributions for retirement plans   | 5c       |           | <b>\$</b> - | 223.17              |   | \$            | 0.00           |                   |     |
|     | 5d.                   | Required repayments of retirement fund loans   | 5d       |           | \$-         | 0.00                |   | \$            | 0.00           | _                 |     |
|     | 5e.                   | Insurance  | 5e       |           | \$          | 634.83              |   | \$            | 0.00           |                   |     |
|     | 5f.                   | Domestic support obligations   | 5f.      |           | \$          | 0.00                |   | \$            | 0.00           | _                 |     |
|     | 5g.                   | Union dues   | 5g       |           | \$          | 80.17               |   | \$            | 0.00           |                   |     |
|     | 5h.                   | Other deductions. Specify:   | _        | ).<br>1.+ | \$          | 0.00                |   | \$            | 0.00           |                   |     |
| 6.  |                       | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | _ 6.     | -         | * –<br>\$   | 1,588.17            |   | \$<br>\$      | 0.00           |                   |     |
| 7.  |                       | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.       |           | \$<br>\$    | 2,114.67            |   | · <del></del> | ,800.00        | _                 |     |
| 8.  |                       | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm   | ,.       |           | Ψ_          | 2,114.07            |   | Ψ             | <u>,800.00</u> | <u>J</u>          |     |
|     |                       | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |          |           |             |                     |   |               |                |                   |     |
|     |                       | monthly net income.  | 8a       | ۱.        | \$_         | 0.00                |   | \$            | 0.00           | )                 |     |
|     | 8b.                   | Interest and dividends   | 8b       | ).        | \$_         | 0.00                |   | \$            | 0.00           | )                 |     |
|     | 8c.                   | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce  |          |           | •           |                     |   | •             |                |                   |     |
|     |                       | settlement, and property settlement.   | 8c       |           | \$_         | 0.00                |   | \$            | 0.00           | _                 |     |
|     | 8d.                   | Unemployment compensation  | 8d       |           | \$_         | 0.00                |   | \$            | 0.00           | _                 |     |
|     | 8e.                   | Social Security  | 8e       | <b>.</b>  | \$_         | 0.00                | , | \$            | 0.00           | <u>)</u>          |     |
|     | 8f.                   | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  | 8f.      |           | \$          | 0.00                |   | \$            | 0.00           | 1                 |     |
|     | 8g.                   | Pension or retirement income   | _ 8g     |           | \$          | 0.00                |   | \$            | 0.00           | _                 |     |
|     | 8h.                   | Other monthly income. Specify:   | _        | ,.<br>1.+ | \$          | 0.00                |   | *             | 0.00           |                   |     |
|     |                       |  | _        | Г         |             |                     | Г |               |                | _                 |     |
| 9.  | Add                   | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.       | Į,        | \$          | 0.00                |   | \$            | 0.0            | )0                |     |
| 10. | Calo                  | culate monthly income. Add line 7 + line 9.  | 10.      | \$        |             | 2,114.67 + \$       |   | 1,800.00      | = \$           | 3,914             | 67  |
|     |                       | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |          | · –       |             |                     |   | 1,000.00      | j L`-          | 0,011             |     |
| 11. | Inclu<br>othe<br>Do r | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | depe     |           |             | •                   |   | in Schedu     | le J.<br>+\$   | 0.                | .00 |
| 12. |                       | the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certainies  |          |           |             |                     |   |               | \$             | 3,914             | .67 |
| 40  | _                     |  | •        |           |             |                     |   |               | Comb           | ined<br>ily incom | ne  |
| 13. | Do :                  | ou expect an increase or decrease within the year after you file this form'  No.  Yes Explain:   | <i>'</i> |           |             |                     |   |               |                |                   |     |

Official Form 106I Schedule I: Your Income page 2

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|             |                                |                                       |                |   |   | 1                |                   |   |
|-------------|--------------------------------|---------------------------------------|----------------|---|---|------------------|-------------------|---|
| FIII        | in this informa                | ition to identify yo                  | our case:      |   |   |                  |                   |   |
| Debt        | tor 1                          | Karen R. Jin                          | ks-Scott       |   |   | Check            | t if this is:     |   |
| Debt        | tor 2                          |                                       |                |   |   |                  | An amended filing | ving postpotition shorter                     |
|             | ouse, if filing)               |                                       |                |   |   |                  |                   | ving postpetition chapter the following date: |
| Unite       | ed States Bankr                | ruptcy Court for the                  | : NORTH        | IERN DISTRICT OF ILLIN  | OIS                                     | <u></u>          | MM / DD / YYYY    |   |
| Coo         | e number                       |                                       |                |   |   |                  |                   |   |
| 1           | nown)                          |                                       |                |   |   |                  |                   |   |
| Of          | ficial Fo                      | rm 106J                               |                |   |   |                  |                   |   |
| Sc          | chedule                        | J: Your                               | Exper          | ises  |   |                  |                   | 12/1  |
| info        | rmation. If m                  |                                       | eded, atta     | . If two married people ar<br>ch another sheet to this<br>n.              |   |                  |                   |   |
| Part        | t 1: Descr                     | ribe Your House                       | ehold          |   |   |                  |                   |   |
| 1.          |                                |                                       |                |   |   |                  |                   |   |
|             | ■ No. Go to                    |                                       | in a senar:    | ate household?  |   |                  |                   |   |
|             | □ 163. <b>D00</b>              |                                       | iii a sepaii   | ate nousenoia:  |   |                  |                   |   |
|             | = ::                           | -                                     | st file Offici | al Form 106J-2, Expenses  | for Separate House                      | ehold of Debto   | or 2.             |   |
|             |                                |                                       | _              | -, -, <del>-</del> , -, -, -, -, -, -, -, -, -, -, -, -, -,               |   |                  |                   |   |
| 2.          | Do you have                    | e dependents?                         | ■ No           |   |   |                  |                   |   |
|             | Do not list Debtor 2.          | ebtor 1 and                           | ☐ Yes.         | Fill out this information for each dependent                              | Dependent's relation Debtor 1 or Debtor |                  | Dependent's age   | Does dependent live with you?                 |
|             | Do not state                   | the                                   |                |   |   |                  |                   | □ No  |
|             | dependents                     | names.                                |                |   |   |                  |                   | Yes   |
|             |                                |                                       |                |   |   |                  |                   | □ No  |
|             |                                |                                       |                |   |   |                  |                   | ☐ Yes<br>☐ No                                 |
|             |                                |                                       |                |   |   |                  |                   | ☐ Yes   |
|             |                                |                                       |                |   | -                                       |                  |                   | □ No  |
|             |                                |                                       |                |   |   |                  |                   | ☐ Yes   |
| 3.          |                                | penses include f people other t       | han <b>I</b>   | No  |   |                  |                   |   |
|             |                                | t people other t<br>d your depende    |                | Yes   |   |                  |                   |   |
| D           |                                |                                       |                | <b></b>   |   |                  |                   |   |
| Esti<br>exp | imate your ex                  |                                       | our bankrı     | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |   |                  |                   |   |
|             |                                |                                       |                | government assistance i   |   |                  |                   |   |
|             | value of sucl<br>icial Form 10 |                                       | d have inc     | cluded it on <i>Schedule I:</i> )   | our Income                              |                  | Your expe         | enses   |
|             |                                |                                       |                |   |   |                  |                   |   |
| 4.          |                                | or home owners<br>and any rent for th |                | ses for your residence. I<br>or lot.                                      | nclude first mortgage                   | e<br>4. \$       |                   | 1,610.00                                      |
|             | If not includ                  | led in line 4:                        |                |   |   |                  |                   |   |
|             | 4a. Real e                     | estate taxes                          |                |   |   | 4a. \$           |                   | 0.00  |
|             | •                              | rty, homeowner's                      | -              |   |   | 4b. \$           |                   | 0.00  |
|             |                                | maintenance, re<br>owner's associat   | •              | upkeep expenses   |   | 4c. \$<br>4d. \$ |                   | 0.00  |
| 5.          |                                |                                       |                | oominium dues<br>our residence, such as ho                                | me equity loans                         | 4a. \$<br>5. \$  |                   | 0.00<br>0.00                                  |

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| -               | Karen R. Jinks-Scott   | Case numl    | oor (ii tatowiti)  |                          |
|-----------------|--|--------------|--------------------|--------------------------|
| S. Utilitie     | es:  |              |                    |                          |
|                 | Electricity, heat, natural gas   | 6a.          | \$                 | 565.00                   |
|                 | Water, sewer, garbage collection   | 6b.          |                    | 67.00                    |
|                 | Telephone, cell phone, Internet, satellite, and cable services   | 6c.          |                    | 247.00                   |
|                 | Other. Specify:  | 6d.          |                    | 0.00                     |
|                 | and housekeeping supplies  | 7.           | \$                 | 200.00                   |
|                 | care and children's education costs  | 8.           | \$                 | 0.00                     |
|                 |  | 9.           | \$                 |                          |
|                 | ing, laundry, and dry cleaning<br>nal care products and services   | 9.<br>10.    | \$                 | 0.00                     |
|                 | •  |              | ·                  | 0.00                     |
|                 | al and dental expenses   | 11.          | \$                 | 25.00                    |
|                 | portation. Include gas, maintenance, bus or train fare. t include car payments.  | 12.          | \$                 | 75.00                    |
|                 | tainment, clubs, recreation, newspapers, magazines, and books  | 13.          | ·                  | 0.00                     |
|                 | table contributions and religious donations  | 14.          | \$                 | 0.00                     |
| 5. Insura       |  | 14.          | Ψ                  | 0.00                     |
|                 | t include insurance deducted from your pay or included in lines 4 or 20.   |              |                    |                          |
|                 | Life insurance   | 15a.         | \$                 | 0.00                     |
|                 | Health insurance   | 15b.         | · -                | 0.00                     |
|                 | Vehicle insurance  | 15c.         | ·                  | 110.00                   |
|                 | Other insurance. Specify:  | 15d.         | ·                  | 0.00                     |
|                 | b. Do not include taxes deducted from your pay or included in lines 4 or 20.   | 13u.         | Ψ                  | 0.00                     |
| Specif          |  | 16.          | \$                 | 0.00                     |
|                 | Iment or lease payments:   |              | _                  |                          |
|                 | Car payments for Vehicle 1   | 17a.         | ·                  | 0.00                     |
|                 | Car payments for Vehicle 2   | 17b.         | \$                 | 0.00                     |
|                 | Other. Specify:  | 17c.         | \$                 | 0.00                     |
|                 | Other. Specify:  | 17d.         | \$                 | 0.00                     |
|                 | payments of alimony, maintenance, and support that you did not report as<br>sted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18.          | \$                 | 0.00                     |
|                 | payments you make to support others who do not live with you.  |              | \$                 | 0.00                     |
| Specif          | y:   | 19.          |                    |                          |
| . Other         | real property expenses not included in lines 4 or 5 of this form or on Sche  | edule I: Yo  | ur Income.         |                          |
| 20a.            | Mortgages on other property  | 20a.         | \$                 | 0.00                     |
| 20b.            | Real estate taxes  | 20b.         | \$                 | 0.00                     |
| 20c.            | Property, homeowner's, or renter's insurance   | 20c.         | \$                 | 0.00                     |
| 20d.            | Maintenance, repair, and upkeep expenses   | 20d.         | \$                 | 0.00                     |
|                 | Homeowner's association or condominium dues  | 20e.         | \$                 | 0.00                     |
| l. Other        | : Specify:   | 21.          | +\$                | 0.00                     |
| 2. Calcu        | late your monthly expenses   |              |                    |                          |
| 22a. A          | dd lines 4 through 21.   |              | \$                 | 2,899.00                 |
|                 | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |              | \$                 | ,                        |
|                 | dd line 22a and 22b. The result is your monthly expenses.  |              | \$                 | 2,899.00                 |
|                 |  |              | Ψ                  | 2,099.00                 |
|                 | late your monthly net income.  |              | •                  |                          |
|                 | Copy line 12 (your combined monthly income) from Schedule I.   | 23a.         | ·                  | 3,914.67                 |
| 23b.            | Copy your monthly expenses from line 22c above.  | 23b.         | -\$                | 2,899.00                 |
| 23c.            | Subtract your monthly expenses from your monthly income.   |              |                    | 4.045.07                 |
|                 | The result is your monthly net income.   | 23c.         | \$                 | 1,015.67                 |
| 4. <b>Do vo</b> | u expect an increase or decrease in your expenses within the year after yo   |              |                    | oo or doorooo boosuo (   |
| For exa         | ample, do you expect to finish paying for your car loan within the year or do you expect you<br>ation to the terms of your mortgage?                           | r mortgage p | payment to increas | se of decrease because ( |
| For exa         | ation to the terms of your mortgage?   | r mortgage p | payment to increas | se of decrease because ( |

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| Fill in this    | s information to identify your                              | case:                    |                            |                         |                                   |
|-----------------|---|--------------------------|----------------------------|-------------------------|-----------------------------------|
| Debtor 1        | Karen R. Jinks-Se   | cott                     |                            |                         |                                   |
|                 | First Name  | Middle Name              | Last Name                  |                         |                                   |
| Debtor 2        |   |                          |                            |                         |                                   |
| (Spouse if, fil | ling) First Name  | Middle Name              | Last Name                  |                         |                                   |
| United Sta      | ates Bankruptcy Court for the:                              | NORTHERN DISTRICT        | OF ILLINOIS                |                         |                                   |
| Case num        | nber  |                          |                            |                         |                                   |
| (if known)      |   |                          |                            |                         | ☐ Check if this is an             |
|                 |   |                          |                            |                         | amended filing                    |
|                 |   |                          |                            |                         |                                   |
| Official        | Form 106Dec   |                          |                            |                         |                                   |
|                 |   | ا میداد این ا            | Dahtaria Ca                | h a duda a              |                                   |
| Decia           | aration About a   | <u>ın individuai</u>     | Deptor's Sc                | neaules                 | 12/15                             |
|                 | Sign Below  |                          |                            |                         |                                   |
| Did y           | you pay or agree to pay some                                | one who is NOT an attor  | ney to help you fill out b | ankruptcy forms?        |                                   |
|                 | No  |                          |                            |                         |                                   |
| _               | Yes. Name of person   |                          |                            | Attach <i>Bankrı</i>    | uptcy Petition Preparer's Notice, |
|                 |   |                          |                            |                         | and Signature (Official Form 119) |
|                 |   |                          |                            |                         |                                   |
|                 | er penalty of perjury, I declare they are true and correct. | that I have read the sum | mary and schedules file    | d with this declaration | and                               |
| X /             | s/ Karen R. Jinks-Scott                                     |                          | X                          |                         |                                   |
|                 | Karen R. Jinks-Scott  |                          | Signature of               | Debtor 2                |                                   |
|                 | Signature of Debtor 1                                       |                          | 2 9 274.0 0                |                         |                                   |
| 0               | Date December 1, 2017                                       |                          | Date                       |                         |                                   |
|                 |   |                          | <del></del>                |                         |                                   |

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| Fill               | in this inforn                            | nation to identify you  | r case:  |                                    |  |                                    |  |  |  |  |
|--------------------|---|---|--|------------------------------------|--|------------------------------------|--|--|--|--|
| Del                | otor 1                                    | Karen R. Jinks-S  | Scott  |                                    |  |                                    |  |  |  |  |
| D-1                | -t 0                                      | First Name  | Middle Name  | Last Name                          |  |                                    |  |  |  |  |
|                    | otor 2<br>use if, filing)                 | First Name  | Middle Name  | Last Name                          |  |                                    |  |  |  |  |
| Uni                | ted States Ba                             | nkruptcy Court for the:   | NORTHERN DISTRICT (  | OF ILLINOIS                        |  |                                    |  |  |  |  |
| Cas                | se number                                 |   |  |                                    |  |                                    |  |  |  |  |
| (if kn             | lown)                                     |   |  |                                    |  | heck if this is an mended filing   |  |  |  |  |
| ∩f                 | ficial Fo                                 | rm 107  |  |                                    |  |                                    |  |  |  |  |
|                    |   |   | Affairs for Indivi   | duals Filing for B                 | ankruptcy  | 4/16                               |  |  |  |  |
| info               | rmation. If m                             | ore space is needed,  | attach a separate sheet to   |                                    | equally responsible for sup                                    |                                    |  |  |  |  |
| num                | iber (if knowi                            | n). Answer every que  | stion.   |                                    |  |                                    |  |  |  |  |
| Par                | t 1: Give D                               | Details About Your Ma   | arital Status and Where You  | Lived Before                       |  |                                    |  |  |  |  |
| 1.                 | What is you                               | r current marital statu   | ıs?  |                                    |  |                                    |  |  |  |  |
|                    | <ul><li>Married</li><li>Not mar</li></ul> | ried  |  |                                    |  |                                    |  |  |  |  |
| 2.                 | During the la                             | Ouring the last 3 years, have you lived anywhere other than where you live now?               |  |                                    |  |                                    |  |  |  |  |
| ı                  | ■ No                                      |   |  |                                    |  |                                    |  |  |  |  |
|                    | _   | Yes. List all of the places you lived in the last 3 years. Do not include where you live now. |  |                                    |  |                                    |  |  |  |  |
|                    | Debtor 1 Pr                               | ior Address:  | Dates Debtor 1 lived there   | Debtor 2 Prior Ac                  | dress:   | Dates Debtor 2<br>lived there      |  |  |  |  |
| <b>3.</b><br>state |   |   |  |                                    | ity property state or territory<br>co, Texas, Washington and W |                                    |  |  |  |  |
|                    | ■ No                                      |   |  |                                    |  |                                    |  |  |  |  |
|                    | _   | ake sure you fill out <i>Sci</i>  | hedule H: Your Codebtors (O  | fficial Form 106H).                |  |                                    |  |  |  |  |
| Par                | t 2 Explai                                | n the Sources of You  | r Income   |                                    |  |                                    |  |  |  |  |
| · a.               | EZ ZAPIGI                                 |   |  |                                    |  |                                    |  |  |  |  |
| 4.                 | Fill in the total                         | al amount of income yo  | nployment or from operating user income all jobs and a have income that you receive. | all businesses, including part     |  | ndar years?                        |  |  |  |  |
|                    | □ No                                      |   |  |                                    |  |                                    |  |  |  |  |
|                    | Yes. Fill                                 | in the details.   |  |                                    |  |                                    |  |  |  |  |
|                    |   |   | Debtor 1   |                                    | Debtor 2   |                                    |  |  |  |  |
|                    |   |   | Sources of income  | Gross income                       | Sources of income  | Gross income                       |  |  |  |  |
|                    |   |   | Check all that apply.  | (before deductions and exclusions) | Check all that apply.  | (before deductions and exclusions) |  |  |  |  |
|                    | •   | of current year until<br>d for bankruptcy:  | ☐ Wages, commissions, bonuses, tips  | \$38,365.00                        | ☐ Wages, commissions, bonuses, tips                            |                                    |  |  |  |  |
|                    |   |   | ☐ Operating a business   |                                    | ☐ Operating a business   |                                    |  |  |  |  |

Official Form 107

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Case number (if known) Document

Debtor 1 Karen R. Jinks-Scott

|     |                                |   |  | Debtor 1   |   | Debtor 2   |  |   |  |
|-----|--------------------------------|---|--|--|---|--|--|---|--|
|     |                                |   |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)   | Sources of inco  |  | Gross income<br>(before deductions<br>and exclusions) |  |
|     |                                | ndar year:<br>December 3  | 31, 2016 )   | ■ Wages, commissions, bonuses, tips  | \$38,000.00   | ☐ Wages, comr<br>bonuses, tips   | ☐ Wages, commissions, bonuses, tips      |   |  |
|     |                                |   |  | ☐ Operating a business   |   | ☐ Operating a b  | ousiness                                 |   |  |
|     |                                | dar year bef<br>December 3  |  | ■ Wages, commissions, bonuses, tips  | \$38,000.00   | ☐ Wages, comr  | nissions,                                |   |  |
|     |                                |   |  | ☐ Operating a business   |   | ☐ Operating a b  | ousiness                                 |   |  |
|     | and other winnings.  List each | public benefi<br>If you are filin                                 | it payments; pag a joint cas   | er that income is taxable. Exa<br>pensions; rental income; inter<br>e and you have income that y<br>me from each source separat  | est; dividends; money collectory received together, list it controlled together.  | ted from lawsuits; ronly once under De   | royalties; and<br>btor 1.                |   |  |
|     |                                |   |  |  |   |  |  |   |  |
|     |                                |   |  | Debtor 1   | 0   | Debtor 2   |  | 0   |  |
|     |                                |   |  | Sources of income<br>Describe below.   | Gross income from each source (before deductions and exclusions)  | Sources of inco<br>Describe below.   |  | Gross income<br>(before deductions<br>and exclusions) |  |
| Par | rt 3: Lis                      | t Certain Pay   | yments You   | Made Before You Filed for I  | Bankruptcy  |  |  |   |  |
| 6.  | □ No.                          | Neither De individual puring the No. Yes  * Subject to Debtor 1 o | btor 1 nor D rimarily for a 90 days befo Go to line 7 List below e paid that cre not include o adjustment r Debtor 2 o 90 days befo Go to line 7 List below e include payo | ach creditor to whom you paideditor. Do not include payment payments to an attorney for the on 4/01/19 and every 3 years or both have primarily consure you filed for bankruptcy, displaying the consumption of the consumptio | d you pay any creditor a total d a total of \$6,425* or more into for domestic support oblighis bankruptcy case. In after that for cases filed on timer debts.  It d you pay any creditor a total d a total of \$600 or more and d a total of \$600 or mo | I of \$6,425* or more none or more paying ations, such as chi or after the date of I of \$600 or more? | e? ments and the support and adjustment. | ne total amount you<br>nd alimony. Also, do           |  |
|     | Creditor                       | 's Name and   | Address  | Dates of payme   | nt Total amount paid  | Amount you still owe   | Was this p                               | payment for   |  |

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| Deb | otor 1  | Karen R. Jinks-Scott   | Boodinion 1               |  | Case number (if   | known)                 |                                    |  |  |
|-----|---|--|---------------------------|--|-------------------|------------------------|------------------------------------|--|--|
|     |   |  |                           |  |                   |                        |                                    |  |  |
| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |  |                           |  |                   |                        |                                    |  |  |
|     |   | No<br>⁄es. List all payments to an insider.  |                           |  |                   |                        |                                    |  |  |
|     | Insid   | er's Name and Address  | Dates of payment          | Total amoun paid   |                   |                        | r this payment                     |  |  |
| 8.  | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.   |  |                           |  |                   |                        |                                    |  |  |
|     |   | No<br>⁄es. List all payments to an insider   |                           |  |                   |                        |                                    |  |  |
|     | Insid   | er's Name and Address  | Dates of payment          | Total amoun  |                   |                        | r this payment<br>ditor's name     |  |  |
| Par | + <b>4</b> -  | Identify Legal Actions, Repossession   | s and Foreclosures        |  |                   |                        |                                    |  |  |
|     |   | cations, and contract disputes.  No  Yes. Fill in the details.   |                           |  |                   |                        |                                    |  |  |
|     | Case title Case number  |  | Nature of the case        | Court or agency  |                   | Status of t            | Status of the case                 |  |  |
|     | Scot  | eview Loan Servicing vs. Karen<br>tt<br>:H 2440  | Foreclosure               | Circuit Court of Cook<br>County<br>50 W. Washington St.<br>Chicago, IL 60602 |                   | ☐ On app               | ☐ Pending ☐ On appeal ☐ Concluded  |  |  |
|     |   |  |                           |  |                   | Sheriff's 5<br>5, 2017 | Sheriff's Sale on December 5, 2017 |  |  |
| 10. | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?  Check all that apply and fill in the details below.  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address  Describe the Property  Date  Value of the  |  |                           |  |                   |                        |                                    |  |  |
|     |   |  | Explain what happened     |  |                   |                        | property                           |  |  |
| 11. | accou   | n 90 days before you filed for bankrup<br>unts or refuse to make a payment beca<br>No<br>Yes. Fill in the details. |                           | uding a bank o   | r financial insti | tution, set off any    | amounts from your                  |  |  |
|     |   | itor Name and Address  | Describe the action the   | creditor took  |                   | Date action was taken  | Amount                             |  |  |
| 12. | Withii  | n 1 year before you filed for bankrupto  | cy, was any of your prope | rty in the poss  | ession of an as   | signee for the ben     | efit of creditors, a               |  |  |

■ No □ Yes

court-appointed receiver, a custodian, or another official?

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| Pai | t 5: List Certain Gifts and Contributions   |   |   |                           |  |  |  |
|-----|---|---|---|---------------------------|--|--|--|
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  ■ No □ Yes. Fill in the details for each gift.  |   |   |                           |  |  |  |
|     | Gifts with a total value of more than \$600 per person  | Describe the gifts  | Dates you gave the gifts                | Value                     |  |  |  |
|     | Person to Whom You Gave the Gift and Address:   |   |   |                           |  |  |  |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No  Yes. Fill in the details for each gift or contribution.  |   |   |                           |  |  |  |
|     | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)  |   | Dates you contributed                   | Value                     |  |  |  |
| Par | t 6: List Certain Losses  |   |   |                           |  |  |  |
| 15. | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  No   |   |   |                           |  |  |  |
|     | Yes. Fill in the details.   |   |   |                           |  |  |  |
|     | how the loss occurred   | escribe any insurance coverage for the loss clude the amount that insurance has paid. List pending surance claims on line 33 of Schedule A/B: Property. | Date of your<br>loss                    | Value of property<br>lost |  |  |  |
| Pai | t 7: List Certain Payments or Transfers   |   |   |                           |  |  |  |
| 16. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  nclude any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. |   |   |                           |  |  |  |
|     | □ No  |   |   |                           |  |  |  |
|     | Yes. Fill in the details.   |   |   |                           |  |  |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You   | Description and value of any property transferred   | Date payment or transfer was made       | Amount of payment         |  |  |  |
|     | Joyner Law Office, Inc.<br>120 South Sate Street<br>Suite 200<br>Chicago, IL 60603<br>vdjoyner@joynerlawoffice.com  | Attorney Fees   | 11/16/2017                              | \$750.00                  |  |  |  |
| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.   |   |   |                           |  |  |  |
|     | No  |   |   |                           |  |  |  |
|     | Yes. Fill in the details.   | Description and value of any property   | Data narmant                            | Amaiint -f                |  |  |  |
|     | Person Who Was Paid<br>Address  | Description and value of any property transferred   | Date payment<br>or transfer was<br>made | Amount of payment         |  |  |  |

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| 18.  | tran<br>Inclu   | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No  Yes. Fill in the details. |                                   |   |                  |  |   |  |  |
|--|---|---|-----------------------------------|---|------------------|--|---|--|--|
|  |   | rson Who Received Transfer<br>dress   | Description and property transfer |   |                  | y property or<br>ceived or debts<br>ange   | Date transfer was made                        |  |  |
|  | Pe  | rson's relationship to you  |                                   |   |                  |  |   |  |  |
| 19.  |   | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No   |                                   |   |                  |  |   |  |  |
|  |   | Yes. Fill in the details.   |                                   |   |                  |  |   |  |  |
|  | Name of trust   |   | Description and                   | Description and value of the property transferred |                  |  | Date Transfer was made                        |  |  |
| Pai  | t 8:  | List of Certain Financial Accounts, Ins   | struments, Safe Depos             | it Boxes, and Sto                                 | orage Units      |  |   |  |  |
| 20.  |   | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  |                                   |   |                  |  |   |  |  |
|  | Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. |   |                                   |   |                  |  |   |  |  |
|  | _   | Yes. Fill in the details.   |                                   |   |                  |  |   |  |  |
|  |   | me of Financial Institution and dress (Number, Street, City, State and ZIP le)  | Last 4 digits of account number   | Type of accou                                     | close<br>move    | account was<br>d, sold,<br>d, or<br>ferred | Last balance<br>before closing or<br>transfer |  |  |
| 21.  | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?  |   |                                   |   |                  |  |   |  |  |
|  | ■ No □ Yes. Fill in the details.  |   |                                   |   |                  |  |   |  |  |
|  | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  |   |                                   | Address (Number, Street, City,                    |                  | Describe the contents                      |   |  |  |
| 22.  | Hav   | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?   |                                   |   |                  |  |   |  |  |
|  | ■ No □ Yes. Fill in the details.  |   |                                   |   |                  |  |   |  |  |
|  | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   |   | to it?                            | to it? Address (Number, Street, City,             |                  | Describe the contents                      |   |  |  |
| Pai  | t 9:  | Identify Property You Hold or Control   | for Someone Else                  |   |                  |  |   |  |  |
| 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in for someone. |   |   |                                   |   |                  | r, or hold in trust                        |   |  |  |
|  |   | No<br>Yes. Fill in the details.   |                                   |   |                  |  |   |  |  |
|  | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  |   |                                   | (Number, Street, City, State and ZIP              |                  | Describe the property                      |   |  |  |
| Pai  | t 10:   | Give Details About Environmental Info   | ormation                          |   |                  |  |   |  |  |
| For  | the p   | ourpose of Part 10, the following definition  | ons apply:                        |   |                  |  |   |  |  |
|  | Fnv   | vironmental law means any federal state   | or local statute or rec           | ulation concern                                   | na pollution, co | ntamination release                        | es of hazardous or                            |  |  |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

page 5

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> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

|     | nazardous material, policiant, contaminant, or similar term.   |  |   |                    |  |  |  |
|-----|--|--|---|--------------------|--|--|--|
| Rep | Report all notices, releases, and proceedings that you know about, regardless of when they occurred.   |  |   |                    |  |  |  |
| 24. | Has any governmental unit notified you that you  | any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?   |   |                    |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |   |                    |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)   | Environmental law, if you know it   | Date of notice     |  |  |  |
| 25. | Have you notified any governmental unit of any release of hazardous material?  |  |   |                    |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |   |                    |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)   | Environmental law, if you know it   | Date of notice     |  |  |  |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.  |  |   |                    |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |   |                    |  |  |  |
|     | Case Title<br>Case Number  | Court or agency<br>Name<br>Address (Number, Street, City,<br>State and ZIP Code)   | Nature of the case  | Status of the case |  |  |  |
| Par | Part 11: Give Details About Your Business or Connections to Any Business   |  |   |                    |  |  |  |
| 27. | Within 4 years before you filed for bankruptcy,  | did you own a business or have any   | y of the following connections to any   | business?          |  |  |  |
|     | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  |  |   |                    |  |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)   |  |   |                    |  |  |  |
|     | ☐ A partner in a partnership   |  |   |                    |  |  |  |
|     | ☐ An officer, director, or managing executive of a corporation   |  |   |                    |  |  |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation  |  |   |                    |  |  |  |
|     | No. None of the above applies. Go to Part 12.  |  |   |                    |  |  |  |
|     | Yes. Check all that apply above and fill in the details below for each business.   |  |   |                    |  |  |  |
|     | Business Name De Address   | escribe the nature of the business   | Employer Identification number Do not include Social Security number or ITIN. |                    |  |  |  |
|     |  | ame of accountant or bookkeeper  | Dates business existed  | iumber of frin.    |  |  |  |
| 28. | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. |  |   |                    |  |  |  |
|     | ■ No   |  |   |                    |  |  |  |
|     | Yes. Fill in the details below.  | de les consideration of the least of the lea |   |                    |  |  |  |
|     | Name Address (Number, Street, City, State and ZIP Code)  Date Issued   |  |   |                    |  |  |  |

Part 12: Sign Below

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Debtor 1 Karen R. Jinks-Scott

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| /s/ Karen R. Jinks-Sco     | t   |
|----------------------------|---|
| Karen R. Jinks-Scott       | Signature of Debtor 2   |
| Signature of Debtor 1      |   |
| Date December 1, 20        | 17 Date   |
| Did you attach additional  | pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| No                         |   |
| ☐ Yes                      |   |
| Did you pay or agree to pa | y someone who is not an attorney to help you fill out bankruptcy forms?                                 |
| No                         |   |
| ☐ Yes. Name of Person      | . Attach the Bankruptcy Petition Preparer's Notice. Declaration, and Signature (Official Form 119).     |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: |        | Liquidation        |
|------------|--------|--------------------|
|            | \$245  | filing fee         |
|            | \$75   | administrative fee |
|            | + \$15 | trustee surcharge  |
|            | \$335  | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

#### (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$750.00 toward the flat fee, leaving a balance due of \$3,250.00; and \$0.00 for expenses,
- leaving a balance due for the filing fee of \$0.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: <u>December 1, 2017</u>          |                                  |  |  |
|--|----------------------------------|--|--|
| Signed:                                |                                  |  |  |
| /s/ Karen R. Jinks-Scott               | /s/ Veronica D. Joyner, Esq.     |  |  |
| Karen R. Jinks-Scott                   | Veronica D. Joyner, Esq. 6239246 |  |  |
|  | Attorney for the Debtor(s)       |  |  |
| Debtor(s)                              |                                  |  |  |
| Do not sign this agreement if the amou | nts are blank.                   |  |  |

**Local Bankruptcy Form 23c** 

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B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In 1 | re Karen R. Jinks-Scott   |  | Case No.   |   |                                 |
|------|---|--|--|---|---------------------------------|
|      |   | Debtor(s)  | Chapter  | 13  |                                 |
|      | DISCLOSURE OF COMP  | PENSATION OF ATTOR   | RNEY FOR DI  | EBTOR(S)  |                                 |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the fibe rendered on behalf of the debtor(s) in contemplation   | filing of the petition in bankruptcy,  | or agreed to be paid   | to me, for services r   |                                 |
|      | For legal services, I have agreed to accept   |  | \$   | 4,000.00  |                                 |
|      | Prior to the filing of this statement I have receive  | red  | \$   | 750.00  |                                 |
|      |   |  |  | 3,250.00  |                                 |
| 2.   | The source of the compensation paid to me was:  |  |  |   |                                 |
|      | ■ Debtor □ Other (specify):   |  |  |   |                                 |
| 3.   | The source of compensation to be paid to me is:   |  |  |   |                                 |
|      | ■ Debtor □ Other (specify):   |  |  |   |                                 |
| 4.   | ■ I have not agreed to share the above-disclosed co   | ompensation with any other person to   | unless they are mem  | bers and associates of  | of my law firm.                 |
| 5.   | □ I have agreed to share the above-disclosed composition copy of the agreement, together with a list of the In return for the above-disclosed fee, I have agreed to a. Analysis of the debtor's financial situation, and reb. Preparation and filing of any petition, schedules, so c. Representation of the debtor at the meeting of cred. [Other provisions as needed]  Negotiations with secured creditors to reaffirmation agreements and applications of the secured creditors to reaffirmation agreements and applications, judicial lien avoidances, relief.  By agreement with the debtor(s), the above-disclosed | names of the people sharing in the orender legal service for all aspects endering advice to the debtor in detestatement of affairs and plan which editors and confirmation hearing, and to reduce to market value; executions as needed; preparation household goods. Represented from stay actions or any other | compensation is atta<br>s of the bankruptcy of<br>ermining whether to<br>may be required;<br>d any adjourned hea<br>emption planning,<br>and filing of moti-<br>cation of the debto-<br>ner adversary pro- | case, including: file a petition in bandrings thereof; preparation and tons pursuant to fors in any dischai | kruptcy;<br>filing of<br>11 USC |
| J.   | By agreement with the debtor(s), the above-disclosed  |  | scrvice.   |   |                                 |
| this | I certify that the foregoing is a complete statement of bankruptcy proceeding.  | CERTIFICATION f any agreement or arrangement for   | payment to me for r  | epresentation of the  | debtor(s) in                    |
|      | December 1, 2017  | /s/ Veronica D. Jo   |  |   |                                 |
| _    | Date  | Veronica D. Joyne<br>Signature of Attorne<br>Joyner Law Office<br>120 South Sate St<br>Suite 200<br>Chicago, IL 60603<br>312-332-9001 Fax<br>vdjoyner@joyner   | er, Esq. 6239246<br>y<br>e, Inc.<br>treet<br>3<br>x: 312-332-9003  |   |                                 |

Name of law firm

### United States Bankruptcy Court Northern District of Illinois

| In re | Karen R. Jinks-Scott  |   | Case No.   |   |  |
|-------|---|---|------------|---|--|
|       |   | Debtor(s)   | Chapter 13 | 3 |  |
|       | VER   | AIFICATION OF CREDITOR MA   | ATRIX      |   |  |
|       |   | Number of 0   | Creditors: | 9 |  |
|       | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. |   |            |   |  |
| Date: | December 1, 2017  | /s/ Karen R. Jinks-Scott Karen R. Jinks-Scott Signature of Debtor |            |   |  |

AT&T P.O. Box 8100 Aurora, IL 60507

Carson Pirie Scott - Comenity P.O. Box 659813 San Antonio, TX 78265

ComEd P.O. Box 6111 Carol Stream, IL 60197

Comenity Bank - Comenity - Ashley S P.O. Box 182789 Columbus, OH 43218

Flagstar Bank 5151 Corporate Drive Troy, MI 48098

Home Depot Credit Services P.O. Box 6925 The Lakes, NV 88901

Honda Finance Exchange P.O. Box 70252 Philadelphia, PA 19176

Johnson, Blumberg & Assoc 230 W. Monroe Street Suite 1125 Chicago, IL 60606

Peoples Energy 130 E. Randolph Rd. Chicago, IL 60601